

Nevada State Board of Physical Therapy Examiners



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CHANGE OF ADDRESS FORM

Pursuant to NAC 640.061, each licensee shall file, in writing, his current residential address and professional address within 30 days after the change. In that regard, you may use this form to change your address with the Board. We will accept a completed form via mail or facsimile. If you wish to change your address via email, please contact us at atresca@govmail.state.nv.us. You will be mailed a post-card receipt as confirmation of the change.

PLEASE PRINT LEGIBLY

NAME _____

☐ RESIDENTIAL CHANGE ☐ PROFESSIONAL CHANGE (please check one)

PHONE (____) _____ FAX (____) _____

SIGNATURE _____

DATE _____

NOTE: A **professional change** of address is necessary *only* when you change your primary location. This form is not to report any secondary practice locations. When working at a secondary location you must post your license, or a copy, while you are present. Your license, or a copy, *must* remain posted at your primary location at all times the facility is open. NAC 640.560